

FORM 1 VOLUNTARY PETITION

United States Bankruptcy Court		VOLUNTARY PETITION
District of		
IN RE (Name of debtor. If individual, enter Last, First, Middle) Luz Hietala		NAME OF JOINT DEBTOR (Spouse) (Last, First, Middle)
ALL OTHER NAMES used by debtor in the last 6 years (Include married, maiden and trade names)		ALL OTHER NAMES used by the joint debtor in the last 6 years (Include married, maiden and trade names)
SOC. SEC./TAX I.D. NO. (If more than one, state all) 155-96-9096		SOC. SEC./TAX I.D. NO. (If more than one, state all)
STREET ADDRESS OF DEBTOR (No. and street, city, state, zip) 1820 Klem Ave. #3B Linden, NJ 07036		STREET ADDRESS OF JOINT DEBTOR (No. and street, city, state, zip)
COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS Union		COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS
MAILING ADDRESS OF DEBTOR (If different from street address)		MAILING ADDRESS OF JOINT DEBTOR (If different from street address)
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from addresses listed above)		<input type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner or partnership pending in this District.

INFORMATION REGARDING DEBTOR (Check applicable boxes)

TYPE OF DEBTOR <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Joint (H&W) <input type="checkbox"/> Partnership <input type="checkbox"/> Other <input type="checkbox"/> Corporation Publicly Held <input type="checkbox"/> Corporation Not Publicly Held <input type="checkbox"/> Municipality NATURE OF DEBT <input checked="" type="checkbox"/> Non-Business Consumer <input type="checkbox"/> Business - Complete A&B below A. TYPE OF BUSINESS (check one box) <input type="checkbox"/> Farming <input type="checkbox"/> Professional <input type="checkbox"/> Retail/Wholesale <input type="checkbox"/> Railroad <input type="checkbox"/> Transportation <input type="checkbox"/> Manufacturing/Mining <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Construction <input type="checkbox"/> Real Estate <input type="checkbox"/> Other Business B. BRIEFLY DESCRIBE NATURE OF BUSINESS	CHAPTER OR SECTION OF BANKRUPTCY CODE UNDER WHICH THE PETITION IS FILED (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> § 304-Case Ancillary to Foreign Proceeding FILING FEE (Check one box) <input type="checkbox"/> Filing fee attached. <input type="checkbox"/> Filing fee to be paid in installments. (Applicable to individuals only) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b), see Official Form No. 3 NAME AND ADDRESS OF LAW FIRM OR ATTORNEY Anna C. Little, Esq. 300 Kimball Street suite 106 Woodbridge, NJ 07095 Telephone No. 732-636-4901 NAME(S) OF ATTORNEY(S) DESIGNATED TO REPRESENT THE DEBTOR Anna C. Little, Esq. <input type="checkbox"/> Debtor is not represented by an attorney. Telephone no. of debtor not
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STATISTICAL ADMINISTRATIVE INFORMATION (Estimates only) (Check applicable boxes)

<input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution <input type="checkbox"/> Debtor estimates that after any exempt property is expenses paid, there will be no funds available for distribution	
ESTIMATED NUMBER OF CREDITORS <input type="checkbox"/> 1-15 <input checked="" type="checkbox"/> 16-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100 or more	
ESTIMATED ASSETS (in thousands of dollars) <input type="checkbox"/> Under 50 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-499 <input type="checkbox"/> 500-999 <input type="checkbox"/> 1000 or more	
ESTIMATED LIABILITIES (in thousands of dollars) <input type="checkbox"/> Under 50 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-499 <input type="checkbox"/> 500-999 <input type="checkbox"/> 1000 or more	
ESTIMATED NUMBER OF EMPLOYEES - CH 11 & 12 <input type="checkbox"/> 0 <input type="checkbox"/> 1-19 <input type="checkbox"/> 20-99 <input type="checkbox"/> 100 or more	
ESTIMATED NO. OF EQUITY SECURITY HOLDERS <input type="checkbox"/> 0 <input type="checkbox"/> 1-19 <input type="checkbox"/> 20-99 <input type="checkbox"/> 100 or more	

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY

RECEIPT

Case # 02-51971 tMS
Filed: 2:01 PM, 02/19/02

Chapter 7
Trenton

000247105 - DV

11:01 AM, February 20, 2002

Judge: Morris Stern
Trustee: Benjamin Stanziale
Debtor(s):
Luz Hietala

Code	Qty	Amount
NF	1	\$30.00
07	1	\$170.00

ORIGINAL

First Meeting of Creditors

12:00 PM, March 19, 2002
Trenton - chapter 7
U.S. Courthouse
402 East State Street, Room 129
Trenton, NJ 08608-1507

TOTAL PAID: \$200.00

From: Anna C. Little
300 Kimball Street
Suite 106
Woodbridge, NJ 07095-0000

Name of Debtor _____

Case No. _____

(Court use only)

FILING OF PLAN

For Chapter 8, 11, 12 and 13 cases only. Check appropriate box.

☐ A copy of debtor's proposed plan dated _____ is attached.

☐ Debtor intends to file a plan within the time allowed by statute, rule, or order of the court.

PRIOR BANKRUPTCY CASE FILED WITHIN LAST 6 YEARS (If more than one, attach additional sheet)

Location Where Filed _____

Case Number _____

Date Filed _____

PENDING BANKRUPTCY CASE FILED BY ANY SPOUSE, PARTNER, OR AFFILIATE OF THIS DEBTOR (If more than one, attach additional sheet)

Name of Debtor _____

Case Number _____

Date _____

Relationship _____

District _____

Judge _____

REQUEST FOR RELIEF

Debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

SIGNATURES

ATTORNEY

X

Signature _____

Date _____

INDIVIDUAL /JOINT DEBTOR(S)

I declare under penalty of perjury that the information provided in this petition is true and correct.

(X) Signature of Debtor _____

Date _____

X

Signature of Joint Debtor _____

Date _____

CORPORATE OR PARTNERSHIP DEBTOR

I declare under penalty of perjury that the information provided in this petition is true and correct, and that the filing of this petition on behalf of the debtor has been authorized.

X

Signature of Authorized Individual _____

Print or Type Name of Authorized Individual _____

Title of Individual Authorized by Debtor to File this Petition _____

Date _____

EXHIBIT "A" (To be completed if debtor is a corporation requesting relief under chapter 11.)

☐ Exhibit "A" is attached and made a part of this petition.

TO BE COMPLETED BY INDIVIDUAL CHAPTER 7 DEBTOR WITH PRIMARILY CONSUMER DEBTS (See P.L. 98-353 § 322)

I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7 of such title.

If I am represented by an attorney, exhibit "B" has been completed.

(X) Signature of Debtor _____

Date _____

X

Signature of Joint Debtor _____

Date _____

EXHIBIT "B" (To be completed by attorney for individual chapter 7 debtor(s) with primarily consumer debts.)

I, the attorney for the debtor(s) named in the foregoing petition, declare that I have informed the debtor(s) that (he, she, or they) may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.

X

Signature of Attorney _____

Date _____



UNITED STATES BANKRUPTCY COURT

DISTRICT OF New Jersey

In re: Luz Hietala

Debtor(s)

Case No.

(If Known)

See summary below for the list of schedules. Include Unsworn Declaration under Penalty of Perjury at the end.

GENERAL INSTRUCTIONS: Schedules D, E and F have been designed for the listing of each claim only once. Even when a claim is secured only in part, or entitled to priority only in part, it still should be listed only once. A claim which is secured in whole or in part should be listed on Schedule D only, and a claim which is entitled to priority in whole or in part should be listed in Schedule E only. Do not list the same claim twice. If a creditor has more than one claim, such as claims arising from separate transactions, each claim should be scheduled separately.

Review the specific instructions for each schedule before completing the schedule.

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts from Schedules D, E, and F to determine the total amount of the debtor's liabilities.

Name of Schedule	Attached (Yes No)	Number of sheets	Amounts Scheduled		
			Assets	Liabilities	Other
A - Real Property	Y	1	0.00		
B - Personal Property	Y	1			
C - Property Claimed as Exempt	Y	1			
D - Creditors Holding Secured Claims	Y	1		0.00	
E - Creditors Holding Unsecured Priority Claims	Y	1		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Y	1		22494.54	
G - Executory Contracts and Unexpired Leases	Y	1			
H - Codebtors	Y	1			
I - Current Income of Individual Debtor(s)	Y	4			gross 1500.00
J - Current Expenditures of Individual Debtor(s)	Y	1			1457.00
Total Number of Sheets of All Schedules		13			
Total Assets					
Total Liabilities				22494.54	



In re: LUZ HIETALA

Debtor(s)

Case No.

(If known)

SCHEDULE A - REAL PROPERTY

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	H W J C	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Total ->			\$	(Report also on Summary of Schedules.)

SCHEDULE B - PERSONAL PROPERTY

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	H W J C	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand	X	Independence Bank Account# 560278945		
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and home- stead associations, or credit unions, brokerage houses, or cooperatives.				
3. Security deposits with public utilities, telephone companies, landlords, and others.	X	Assorted casual clothing		500.00
4. Household goods and furnishings including audio, video and computer equipment.				
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.	X			
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			



In re: Luz Hietala

Debtor(s)

Case No.

(if known)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	H W J C	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
10. Annuities. Itemize and name each issuer.	X			
11. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Itemize.	X			
12. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
13. Interest in partnerships or joint ventures. Itemize.	X			
14. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
15. Accounts receivable.	X			
16. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
17. Other liquidated debts owing debtor including tax refunds. Give particulars.		Tax refund 2000		
18. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.	X			
19. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
20. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
21. Patents, copyrights, and other intellectual property. Give particulars.	X			
22. Licenses, franchises, and other general intangibles. Give particulars.	X			
23. Automobiles, trucks, trailers, and other vehicles and accessories.	X			
24. Boats, motors, and accessories.	X			
25. Aircraft and accessories.	X			
26. Office equipment, furnishings, and supplies.	X			
27. Machinery, fixtures, equipment, and supplies used in business.	X			
28. Inventory.	X			
29. Animals.	X			
30. Crops - growing or harvested. Give particulars.	X			
31. Farming equipment and implements.	X			
32. Farm supplies, chemicals, and feed.	X			
33. Other personal property of any kind not already listed. Itemize.	X			

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules)

Total ->

\$

continuation sheets attached

In re: LUZ HIETALA

Debtor(s)

Case No.

(if known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under (Check one box)

- ☒ 11 U.S.C. § 522(b)(1): Exemptions provided in 11 U.S.C. § 522(d). Note: These exemptions are available only in certain states.
☐ 11 U.S.C. § 522(b)(2): Exemptions available under applicable nonbankruptcy federal laws, state or local law.

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT MARKET VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
Independance Bank Account #560278945	11 U.S.C. 522 (b)(1)		
Household Furnishings;	11 U.S.C. 522 (b)(1)		
Assorted Casual clothing	11 U.S.C. 522 (b)(1)	500.00	500.00
2000 Tax Refund	11 U.S.C. 522 (b)(1)	1960.00	1960.00



In re: Luz Hietala

Debtor(s)

Case No.

(if known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS☒ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CD D E B T	H W J C	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN	C U O	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION IF ANY
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			

____ continuation sheets attached

Subtotal ->
(Total of this page)

\$

Total ->
(use only on last page)

\$

*If contingent, enter C; if unliquidated, enter U; if disputed, enter D.

(Report total also on Summary of Schedules)

In re: LUT HIETALA

Debtor(s)

Case No.

(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E

TYPE OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

- ☐ **Extensions of credit in an involuntary case**
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507 (a) (2).
- ☐ **Wages, salaries, and commissions**
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees, up to a maximum of \$2000 per employee, earned within 90 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507 (a) (3).
- ☐ **Contributions to employee benefit plans**
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507 (a) (4).
- ☐ **Certain farmers and fishermen**
Claims of certain farmers and fishermen, up to a maximum of \$2000 per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507 (a) (5).
- ☐ **Deposits by individuals**
Claims of individuals up to a maximum of \$500 for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507 (a) (6).
- ☐ **Taxes and Certain Other Debts Owed to Governmental Units**
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507 (a) (7).
- ☐ **Commitments to Maintain the Capital of an Insured Depository Institution**
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a) (8).

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CO D E B T	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C U D -	TOTAL AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY
A/C#						
A/C#						
A/C#						
A/C#						
A/C#						

Continuation sheets attached.

Subtotal ->
(Total of this page)

Total ->

(use only on last page of the completed Schedule E)

(Report total also on Summary of Schedules)

* If contingent, enter C; if unliquidated, enter U; if disputed, enter D.



In re: Luz HIETALA

Debtor(s)

Case No.

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CO D E B T	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
A/C # 50190453844 20 Macy's 9111 Duke Blvd. Mason OH, 45040					783.55
A/C # 4120 6130 0334 2745 Merrick Bank P.O.Box 5000 Draper, UT 84020-5000					1437.36
A/C # 5424-7708-1291-5390 Action Card P.O.Box 5052 Sioux Falls, SD 57117-5052					12.00
A/C # 0361511470599 Sears,C/O Van Ru Credit Corp. 4415 S. Wendler Dr. Bldg B suite 200 Tempe, AZ 85282-6410					1865.70
A/C # 5458-0001-7690-8727 Direct Merchant Bank P.O.Box 21550 Tulsa, OK 74121-1550					7026.38
A/C # 4610-0787-0267-1025 First Premier Bank P.O.Box 5519 Sioux Falls, 57117-5519					609.71
A/C # 6011-0011-8015-4397 Discover P.O.Box 15251 Wilmington DE, 19886-5251					6146.61
A/C # 5291-1516-5992-3476 Capitol One P.O.Box 85015 Richmond, VA 23285-5015					572.88
A/C # 084-320-106-2 JCPenny P.O.Box 32000 Orlando FL 32890-0004					254.16
Subtotal -> (Total of this page)					\$ 18708.35
Total -> (Report total also on Summary of Schedules)					\$

Sheet no. 1 of 2 sheets attached to Schedule of Creditors
Holding Nonpriority Claims.

*If contingent, enter C; if unliquidated, enter U; if disputed, enter D.

(use only on last page of completed Schedule F.)

(Report total also on Summary of Schedules)

Form 96 F, Cont. (10-89)

In re:

Debtor(s)

Case No.

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODE DEBT	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	AMOUNT OF CLAIM
A/C # 4227-0970-2001-9431 Croos Country Bank P.O.Box 310711 Boca Raton, FL 33431-0711			2243.92
A/C # 190-453-84-01-0 Stern's 9111 Duke Blvd. Mason, OH 45040			
A/C # 3055-427736-2604 Amoco MultiCard P.O.Box 142289 Irving TX, 75014-2289			654.60
A/C # A9372274/P8106866 Allied Interstate 3111 S. Dixie Highway, st 101 West palm Beach, FL 33405			887.67
A/C #			
A/C #			
A/C #			
A/C #			
A/C #			
A/C #			
A/C #			
Sheet no. <u>2</u> of <u>2</u> sheets attached to Schedule of Creditors Holding Nonpriority Claims.			Subtotal -> (Total of this page) \$ 3786.19
*If contingent, enter C; if unliquidated, enter U; if disputed, enter D. (use only on last page of completed Schedule F.)			Total -> (Report total also on Summary of Schedules) \$ 22494.54



In re: LUZ HIETALA

Debtor(s)

Case No.

(if known)

SCHEDULE C - EXECUTORY CONTRACTS AND UNEXPIRED LEASES☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.



In re: LUZ HIETALA

Debtor(s)

Case No.

(if known)

SCHEDULE II - CODEBTORS

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR



In re: LUZ HIETALA

Debtor(s)

Case No.

(If known)

SCHEDULE 1 - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a married debtor in a chapter 12 or 13 case whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE		
	NAMES	AGE	RELATIONSHIP
Single	Carlos Andres DIAZ	15	Child

Employment:	DEBTOR	SPOUSE
Occupation	packing	
Name of Employer	Mercury International	
How long employed	2 years	
Address of Employer	365 Blake Road Avenel, NJ 07001	

Income: (Estimate of average monthly income)

DEBTOR

SPOUSE

Current monthly gross wages, salary, and commissions (pro rate if not paid monthly.)

\$ 1,500.00

Estimate monthly overtime

SUBTOTAL

LESS PAYROLL DEDUCTIONS

a. Payroll taxes and social security

b. Insurance

c. Union dues

d. Other (Specify)

\$

SUBTOTAL OF PAYROLL DEDUCTIONS

TOTAL NET MONTHLY TAKE HOME PAY

Regular income from operation of business or profession or farm

(attach detailed statement)

Income from real property

Interest and dividends

Alimony, maintenance or support payments payable to the debtor for the debtor's

use or that of dependents listed above.

Social security or other government assistance (Specify)

Pension or retirement income

Other monthly income (Specify)

TOTAL MONTHLY INCOME

TOTAL COMBINED MONTHLY INCOME

\$

(Report also on Summary of Schedules)

Describe any increase or decrease of more than 10% in any of the above categories anticipated to occur within the year following the filing of this document:

CO. FILE DEPT. CLOCK NUMBER
 AVS 000082 700106 0001554508 1

MERCURY AIRFREIGHT INTERNATIONAL LIMITED
 365 BLAIR ROAD
 AVENEL, NJ 07001

Earnings Statement



Period Ending: 10/14/2001
 Pay Date: 10/17/2001

Social Security Number: 155-96-9096
 Taxable Marital Status: Married
 Exemptions/Allowances:
 Federal: 0
 State: 0, Table B

LUZ S HIETALA
 1820 KLEM AVE
 APT 3B
 LINDEN, NJ 07036

Earnings	rate	hours	this period	year to date
Regular	7.6100	80.00	608.80	11,456.40
Overtime	11.4150	8.75	99.88	1,833.50
Holiday				359.52
Sick				420.40
Vacation				605.92
Gross Pay			\$708.68	14,733.74

Other Benefits and Information	this period	total to date
Float Balance		8.00
Pers Balance		0.00
Sick Balance		44.93
Vac Balance		33.26

Deductions

Statutory	this period	year to date
Federal Income Tax	-57.29	1,216.21
Social Security Tax	-39.06	825.69
Medicare Tax	-9.14	193.11
NJ State Income Tax	-10.63	222.11
NJ SUI/SDI Tax	-6.55	136.29

Other	this period	year to date
Pty NJ	-78.68*	1,416.15
Net Pay	\$507.33	

Important Notes
 EFFECTIVE THIS PAY PERIOD YOUR ADDRESS HAS BEEN CHANGED.

* Excluded from federal taxable wages
 Your federal taxable wages this period are \$630.00

CO. FILE DEPT. CLOCK NUMBER
 AV3 000082 700100 0001532702 1

MERCURY AIRFREIGHT INTERNATIONAL LIMITED
 365 BLAIR ROAD
 AVENEL, NJ 07001

Earnings Statement



Period Ending: 09/30/2001
 Pay Date: 10/03/2001

Social Security Number: 155-96-9096
 Taxable Marital Status: Married
 Exemptions/Allowances:
 Federal: 0
 State: 0 Table B

LUZ S HIETALA
 912 GROVE STREET
 ELIZABETH, NJ 07202

Earnings	rate	hours	this period	year to date
Regular	7.6100	80.00	608.80	10,847.60
Time	11.4150	(15.50)	176.93	1,733.62
				359.52
				420.40
				605.92
Gross Pay			\$785.73	14,025.06

Other Benefits and Information	this period	total to date
Float Balance		8.00
Pers Balance		0.00
Sick Balance		43.08
Vac Balance		28.64

Deductions	Statutory	
Federal Income Tax	-68.85	1,158.92
Social Security Tax	-43.84	786.63
Medicare Tax	-10.25	183.97
NJ State Income Tax	-11.87	211.48
NJ SUI/SDI Tax	-7.27	129.74
Other		
Pix NJ	-78.68*	1,337.47
Net Pay		\$564.97

* Excluded from federal taxable wages
 Your federal taxable wages this period are \$707.05



LUZ S HIETALA
912 GROVE STREET
ELIZABETH, NJ 07202

Deductions

* Excluded from federal taxable wages
Your federal taxable wages this period are \$537.73

TEAR HERE

EARNINGS STATEMENT

Initial

4067 Industrial Park Drive
 Ridge, NJ 07071
 908-643-8871
 a Randell Initial Company

PAYROLL CHECK NUMBER: 1048544
 PERIOD ENDING: 10/12/01
 PAY DATE: 10/19/01
 SOCIAL SECURITY NUMBER: 155-96-9096

Luz Hietala
 1820 Klem Ave
 Linden, NJ 07036

52300 N

STATUS EXEMP./ALLOW. ADD. TAXES
 FEDERAL: S 0 0.00
 STATE: S 0 0.00
 LOCAL:

EARNINGS	RATE	HOURS	THIS PERIOD	YEAR TO DATE	DEDUCTIONS TAXES	THIS PERIOD	YEAR TO DATE
Regular	7.050	20.00	141.00	6,597.09	FEDERAL W/H	13.51	722.78
Sick				83.76	SOCIAL SECURITY W/H	8.75	431.44
Holiday				194.04	MEDICARE W/H	2.04	100.90
Personal				83.76	STATE W/H	2.12	104.43
					LOCAL W/H	0.00	0.00
					STATE SUI/SDI W/H	1.30	64.37

VOLUNTARY

GROUP TERM LIFE

GROSS PAY 141.00

Not included from federal taxable wages.
 Your federal taxable wages this period are \$141.00

NET PAY \$133.29

OTHER BENEFITS INFORMATION

SICK
 VACATION
 PERSONAL

HOURS AVAILABLE

IMPORTANT NOTES:

Initial
 4007 Industrial Park Drive
 Bldg. 3-B
 Menlo Park, CA 94025
 a Pentacell Initial Company

Luz Hietala
 1820 Klem Ave
 Linden, NJ 07036

EARNINGS STATEMENT

PAYROLL CHECK NUMBER: 1065431
 PERIOD ENDING: 10/05/01
 PAY DATE: 10/12/01
 SOCIAL SECURITY NUMBER: 155-96-9096

STATUS	EXEMP./ALLOW.	ADD. TAXES
FEDERAL: S	0	0.00
STATE: S	0	0.00
LOCAL:		

EARNINGS	RATE	HOURS	THIS PERIOD	YEAR TO DATE	DEDUCTIONS TAXES	THIS PERIOD	YEAR TO DATE
Regular	7.050	18.00	126.90	6,456.09	FEDERAL W/H	15.62	709.27
Personal		4.00	28.20	83.76	SOCIAL SECURITY W/H	9.61	422.55
Sick				83.76	MEDICARE W/H	2.25	98.86
Holiday				194.04	STATE W/H	2.33	102.31
					LOCAL W/H	0.00	0.00
					STATE ST/SDI W/H	1.43	63.07

VOLUNTARY

GROUP TERM LIFE

GROSS PAY 135.19

NET PAY \$123.86

* Excluded from federal taxable wages.
 Your federal taxable wages this period are \$155.10

OTHER BENEFITS INFORMATION

HOURS AVAILABLE

IMPORTANT NOTES:

SICK
 VACATION
 PERSONAL

EARNINGS STATEMENT

Initial

4007 Industrial Park Drive
 Bldg. 3-B
 Norcross, GA 30071
 a Wentsch Initial Company

Luz Hietala
 1820 Klem Ave
 Linden, NJ 07036

PAYROLL CHECK NUMBER: 1041861
 PERIOD ENDING: 09/28/01
 PAY DATE: 10/05/01
 SOCIAL SECURITY NUMBER: 155-96-9096

52300 N
 STATUS EXEMP./ALLOW. ADD. TAXES
 FEDERAL: S 0 0.00
 STATE: S 0 0.00
 LOCAL:

EARNINGS	RATE	HOURS	THIS PERIOD	YEAR TO DATE	DEDUCTIONS	THIS PERIOD	YEAR TO DATE
Regular	7.050	24.00	169.20	6,329.19	FEDERAL W/H	17.74	693.65
Personal				55.56	SOCIAL SECURITY W/H	10.49	413.08
Sick				83.75	MEDICARE W/H	2.46	96.61
Holiday				194.04	STATE W/H	2.54	99.98
					LOCAL W/H	0.00	0.00
					STATE SUI/SDI W/H	1.57	61.64

VOLUNTARY
 Union Dues 23.28 232.80

GROUP TERM LIFE

ROSS PAY 169.20

Excluded from federal taxable wages.
 Federal taxable wages this period are \$169.20

NET PAY \$111.12

NETS INFORMATION

HOURS AVAILABLE

IMPORTANT NOTES:

In re: LUZ HIETALA

Debtor(s)

Case No.

(If known)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse".

Rent or home mortgage payment (Include lot rented for mobile home) \$ 440.00

Are real estate taxes included? ☐ Yes ☐ No Is property insurance included? ☐ Yes ☐ No

Utilities Electricity and heating fuel 70.00
Water and sewer 00.00
Telephone 80.00
Other cable 32.00

Home maintenance (repairs and upkeep) 300.00
Food 100.00
Clothing 60.00
Laundry and dry cleaning 35.00
Medical and dental expenses 120.00
Transportation (not including car payments) 100.00
Recreation, clubs and entertainment, newspapers, magazines, etc. 20.00
Charitable contributions 00.00
Insurance (not deducted from wages or included in home mortgage payments)
Homeowners or renter's 00.00
Life 00.00
Health 00.00
Auto 00.00
Other

Taxes (not deducted from wages or included in home mortgage payments)
(Specify)

Installment payments: (In chapter 12 and 13 cases, do not list payments to be included in the plan)

Auto 00.00
Other

Alimony, maintenance, and support paid to others 00.00
Payments for support of additional dependents not living at your home 100.00
Regular expenses from operation of business, profession, or farm (attach detailed statement) 00.00
Other

TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules) \$ 1457.00

(FOR CHAPTER 12 AND 13 DEBTORS ONLY)

Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interval.

A. Total projected monthly income \$
B. Total projected monthly expenses \$
C. Excess income (A minus B) \$
D. Total amount to be paid into plan each (interval) \$

OMB No. 1545-0008	
a Control number	1 Wages, tips, other comp. 4476.05
	2 Federal income tax withheld 126.87
b Employer ID number	3 Social security wages 4476.05
	4 Social security tax withheld 277.52
58-1685683	5 Medicare wages and tips 4476.05
	6 Medicare tax withheld 67.12
c Employer's name, address, and ZIP code INITIAL CONTRACT SERVICES 4067 INDUSTRIAL PARK DRIVE BUILDING 38 NORCROSS, GA 30071	
d Employee's social security number 155-96-9096	
e Employee's name, address, and ZIP code LUZ HIETALA 1820 KLEM AVE LINDEN, NJ 07036	
7 Social security tips	8 Allocated tips
9 Advance EIC payment	
10 Dependent care benefits	11 Nonqualified plans
12 Benefits included in box 1	
13 See instrs. for box 13	14 Other NJ - UI 19.02 NJ - SD 22.38
15 Statutory employee	Deceased Pension plan Legal rep Deferred comp.
NJ 58168568300 4476.05 67.12	
16 State Employer's state I.D. no.	17 State wages, tips, etc.
18 State income tax	
19 Locality name	20 Local wages, tips, etc.
21 Local income tax	

Dept. of the Treasury - IRS
 This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable and you fail to report it.

Copy C For EMPLOYEE'S RECORDS (See Notice)		Void	2000	OMB No. 1545-0008
a Control number 182	1 Wages, tips, other comp. 2236.35	2 Federal income tax withheld 32.83		
b Employer's ID no. 22-1775213	3 Social security wages 2236.35	4 Social security tax withheld 138.65		
	5 Medicare wages and tips 2236.35	6 Medicare tax withheld 32.43		
c Employer's name, address, and ZIP code ATLAS CLEANING SERVICE 32 COMMERCE ST. SPRINGFIELD NJ 07081 J739				
d Employee's social security number 155-96-9096				
e Employee's name, address, and ZIP code LUZ STELLA HIETALA 1820 KLEM AVE. APT. 3B LINDEN NJ 07036				
7 Social security tips	8 Allocated tips	9 Advance EIC payment		
10 Dependent care benefits	11 Nonqualified plans	12 Benefits included in Box 1		
13 See Instrs. for Box 13	14 Other	PRIVATE D 11.18 NJ SU/WD/HC 9.53		
15 Statutory employee	Deceased	Pension Plan	Legal rep.	Deferred compensation
NJ 221-775-213/000	2236.35	33.55		
16 State Emplr.'s state I.D. #	17 State wages, tips, etc.	18 State income tax		
19 Locality name	20 Local wages, tips, etc.	21 Local income tax		

Form W-2 Wage and Tax Statement
 This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable and you fail to report it.
 0402-J739 01/04/2001 11:08
 Dept. of the Treasury - IRS 39 1754529 (112700)

2000 W-2 and EARNINGS SUMMARY

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2000 pay stub plus any adjustments submitted by your employer.

Gross Pay	17837.96	Social Security Tax Withheld Box 4 of W-2	1030.69	NJ State Income Tax Box 18 of W-2 SUI/SDI Box 14 of W-2	268.30
Fed. Income Tax Withheld Box 2 of W-2	1482.60	Medicare Tax Withheld Box 6 of W-2	241.05		165.00

2. Your Gross Pay Was Adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	NJ State Wages, Tips, Etc. Box 17 of W-2
Gross Pay	17,837.96	17,837.96	17,837.96	17,837.96
Less Misc. Non Taxable Comp.	1,214.00	1,214.00	1,214.00	N/A
Reported W-2 Wages	16,623.96	16,623.96	16,623.96	17,837.96

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

LUZ S HIETALA
912 GROVE STREET
ELIZABETH, NJ 07202

Social Security Number: 155-96-9096
 Taxable Marital Status: MARRIED
 Exemptions/Allowances:
 FEDERAL: 0
 STATE: 0 Table B

Wages, tips, other comp. 16623.96		2 Federal income tax withheld 1482.60	
3 Social security wages 16623.96		4 Social security tax withheld 1030.69	
5 Medicare wages and tips 16623.96		6 Medicare tax withheld 241.05	
7 Control Number 000082 CEC	Dept. 700100	Corp. A	Employer use only 69
8 Employer's name, address, and ZIP code MERCURY AIRFREIGHT INTERNATIONAL 45250 SEVERN WAY STERLING VA 20166 Batch #00977			
9 Employer's FED ID number 22-3154134		10 Employee's SSA number 155-96-9096	
11 Social security tips		12 Allocated tips	
13 Advance EIC payment		14 Dependent care benefits	
15 Nonqualified plans		16 Benefits included in box 1	
17 See Instrs. for box 13		18 Other 75.81 UI/HC/WF 89.19 NJ DI	
19 Stat emp.	Deceased	Pension plan	Legal rep.
20 Deferred comp.			
21 Employee's name, address and ZIP code LUZ S HIETALA 912 GROVE STREET ELIZABETH, NJ 07202			
22 State	Employer's state ID no. NJ 223154134/000	23 State wages, tips, etc. 17837.96	
24 State income tax 268.30	25 Locality name		
26 Local wages, tips, etc.	27 Local income tax		

Employee Reference Copy
W-2 Wage and Tax Statement 2000
 Copy C for employee's records. OMB No. 1545-0008

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Join the 40 million Americans who will e-file their income tax returns this year! Visit www.irs.gov for details.

Form 1040A U.S. Individual Income Tax Return (99) 2000		OMB No. 1545-0045 IRS use only — Do not write or staple in this space.																															
Label (See instructions.)	Your First Name LUZ	MI S	Last Name HIETALA																														
	Your Social Security Number 155-96-9096																																
	If a Joint Return, Spouse's First Name THOMAS		Spouse's Social Security Number 137-34-1067																														
	Home Address (number and street). If You Have a P.O. Box, See Instructions. 1820 KLEM AVENUE		Apartment No. 3B																														
	City, Town or Post Office. If You Have a Foreign Address, See Instructions. LINDEN		State ZIP Code NJ 07036																														
Use the IRS label. Otherwise, please print or type.																																	
Presidential Election Campaign (See instructions.)	Note: Checking 'Yes' will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund? <table style="float: right;"> <tr> <td>You</td> <td>Yes <input type="checkbox"/></td> <td>No <input checked="" type="checkbox"/></td> </tr> <tr> <td>Spouse</td> <td>Yes <input type="checkbox"/></td> <td>No <input checked="" type="checkbox"/></td> </tr> </table>			You	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Spouse	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>																								
You	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>																															
Spouse	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>																															
Filing status	1 <input type="checkbox"/> Single 2 <input checked="" type="checkbox"/> Married filing joint return (even if only one had income) 3 <input type="checkbox"/> Married filing separate return. Enter spouse's social security number above and full name here _____ 4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here _____ 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (year spouse died _____). (See instructions.)																																
Exemptions	6a <input checked="" type="checkbox"/> Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. b <input checked="" type="checkbox"/> Spouse c Dependents: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>(1) First name Last name</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit</th> <th>No. of your children on 6c who: • lived with you • did not live with you due to divorce or separation</th> </tr> </thead> <tbody> <tr> <td>CARLOS ANDRES DIAZ</td> <td>157-06-8246</td> <td>Son</td> <td><input checked="" type="checkbox"/></td> <td>1</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> d Total number of exemptions claimed 3			(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit	No. of your children on 6c who: • lived with you • did not live with you due to divorce or separation	CARLOS ANDRES DIAZ	157-06-8246	Son	<input checked="" type="checkbox"/>	1																				
(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit	No. of your children on 6c who: • lived with you • did not live with you due to divorce or separation																													
CARLOS ANDRES DIAZ	157-06-8246	Son	<input checked="" type="checkbox"/>	1																													
Income	7 Wages, salaries, tips, etc. Attach Form(s) W-2 23,335 8a Taxable interest. Attach Schedule I if required 8a b Tax-exempt interest. Do not include on line 8a 8b 9 Ordinary dividends. Attach Schedule I if required 9 10 Capital gain distributions (see instructions) 10 11a Total IRA distributions 11a 11b Taxable amount 11b 12a Total pensions and annuities 12a 12b Taxable amount 12b 13 Unemployment compensation, qualified state tuition program earnings, and Alaska Permanent Fund dividends 13 14a Social security benefits 14a 14b Taxable amount 14b 15 Add lines 7 through 14b (far right column). This is your total income 23,335 Adjusted gross income 16 IRA deduction (see instructions) 16 17 Student loan interest deduction (see instructions) 17 18 Add lines 16 and 17. These are your total adjustments 18 19 Subtract line 18 from line 15. This is your adjusted gross income 23,335																																

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

Form 1040A (2000)

LUZ S & THOMAS A HIETALA

155-96-9096

Form 1040A (2000)

Page 2

Taxable income	20	Enter the amount from line 19	20	23,335
21a Check if:	<input type="checkbox"/>	You were 65 or older	<input type="checkbox"/>	Blind
	<input type="checkbox"/>	Spouse was 65 or older	<input type="checkbox"/>	Blind
		Enter number of boxes checked	21a	
b If you are married filing separately and your spouse itemizes deductions, see instructions and check here			21b	
22 Enter the standard deduction for your filing status. But see instructions if you checked any box on line 21a or 21b or if someone can claim you as a dependent.			22	7,350
• Single \$4,400 • Married filing jointly or Qualifying widow(er) — \$7,350				
• Head of household — \$6,450 • Married filing separately — \$3,675			23	15,985
23 Subtract line 22 from line 20. If line 22 is more than line 20, enter 0			24	8,400
24 Multiply \$2,800 by the total number of exemptions claimed on line 6d			25	7,585
25 Subtract line 24 from line 23. If line 24 is more than line 23, enter 0. This is your taxable income			26	1,136
Tax, credits, and payments	26	Tax (see instructions)	27	
	27	Credit for child and dependent care expenses. Attach Schedule 2	28	
	28	Credit for the elderly or the disabled. Attach Schedule 3	29	
	29	Education credits. Attach Form 8863	30	500
	30	Child tax credit (see instructions)	31	
	31	Adoption credit. Attach Form 8839	32	500
	32	Add lines 27 through 31. These are your total credits	33	636
	33	Subtract line 32 from line 26. If line 32 is more than line 26, enter 0	34	
	34	Advance earned income credit payments from Form(s) W-2	35	636
	35	Add lines 33 and 34. This is your total tax	36	1,943
	36	Federal income tax withheld from Forms W-2 and 1099	37	
	37	2000 estimated tax payments and amount applied from 1999 return	38a	653
38a Earned income credit (EIC)				
b Nontaxable earned income:		amount	and type	
39 Additional child tax credit. Attach Form 8812			39	
40 Add lines 36, 37, 38a, and 39. These are your total payments			40	2,596
Refund	41	If line 40 is more than line 35, subtract line 35 from line 40. This is the amount you overpaid	41	1,960
42a Amount of line 41 you want refunded to you			42a	1,960
b Routing number			c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d Account number				
43 Amount of line 41 you want applied to your 2001 estimated tax			43	
Amount you owe	44	If line 35 is more than line 40, subtract line 40 from line 35. This is the amount you owe . For details on how to pay, see instructions	44	
45 Estimated tax penalty (see instructions)			45	
Sign here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.			
Joint return? See instructions.	Your Signature	Date	Your Occupation	Daytime Phone Number
Keep a copy for your records.	Spouse's Signature. If a Joint Return, both must sign.	Date	Spouse's Occupation	May the IRS discuss this return with the preparer shown below (see instrs)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Paid preparer's use only	Preparer's Signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN
	Firm's Name (or yours if self-employed)			
	Address, and ZIP Code			
	ROSEMARIE G. BREAU	03/17/2001		157-76-9203
	330 MORRIS AVENUE			
	ELIZABETH	NJ 07208		Phone No. (908) 354-1149

Form 1040A (2000)

Schedule EIC
(Form 1040A or 1040)**Earned Income Credit**
Qualifying Child Information

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)Complete and attach to Form 1040A or 1040
only if you have a qualifying child.**2000**
43

Name(s) Shown on Return

Your Social Security Number

LUZ S & THOMAS A HIETALA

155-96-9096

Before you begin:See the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 60a and 60b, to make sure that
(1) you can take the EIC and (2) you have a qualifying child.**Caution:**

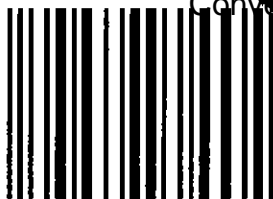
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

Qualifying Child Information**Child 1****Child 2**

	First name	Last name	First name	Last name
1 Child's name If you have more than two qualifying children, you only have to list two to get the maximum credit.	CARLOS ANDRES	DIAZ		
2 Child's SSN The child must have an SSN as defined in the Form 1040A or Form 1040 instructions unless the child was born and died in 2000. If your child was born and died in 2000 and did not have an SSN, enter 'Died' on this line and attach a copy of the child's birth certificate.	157-06-8246			
3 Child's year of birth	Year <u>1986</u> If born after 1981, skip lines 4a and 4b; go to line 5.		Year _____ If born after 1981, skip lines 4a and 4b; go to line 5.	
4 If the child was born before 1982 –				
a Was the child under age 24 at the end of 2000 and a student?	<input type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. Continue	<input type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. Continue
b Was the child permanently and totally disabled during any part of 2000?	<input type="checkbox"/> Yes. Continue	<input type="checkbox"/> No. The child is not a qualifying child.	<input type="checkbox"/> Yes. Continue	<input type="checkbox"/> No. The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, foster child, etc)	Son			
6 Number of months child lived with you in the United States during 2000				
• If the child lived with you for more than half of 2000 but less than 7 months, enter '7'.				
• If the child was born or died in 2000 and your home was the child's home for the entire time he or she was alive during 2000, enter '12'.	12 months Do not enter more than 12 months.		_____ months Do not enter more than 12 months.	

Do you want part of the EIC added to your take-home pay in 2001? To see if you qualify, get Form W-5 from your employer or by calling the IRS at 1-800-TAX-FORM (1-800-829-3676).

BAA For Paperwork Reduction Act Notice, see Form 1040A or 1040 instructions.Schedule **EIC** (Form 1040A or 1040) 2000

NJ-1040/
HR-1040
2000**State of New Jersey Income Tax — Resident Return
Homestead Rebate Application**For Privacy Act Notification, see instructions
For tax year Jan - Dec 2000 or other tax year

beginning _____, 2000, month ending _____

**This is Page 1 of Your 2000 NJ-1040/HR-1040. It Must
be Filed in Order for Your Return to be Processed**

04

Name
and
Address155-96-9096 HIET
HIETALA LUZ S & THOMAS A

137-34-1067

2009

1820 KLEM AVENUE APT 3B
LINDEN

NJ 07036

001	00	014	24550	038	298	008	24550
EXT	0	15a	0	039	0	009	0
FS	2	15b	0	041	0	MS	0
006	2	016	0	042	298	010	24550
007	0	017	0	043	369	012	2
008	0	018	0	044	50	13B	0
009	1	19a	0	045	0	13L	0
010	0	19b	0	046	0	13Q	0
011	0	19c	0	047	0	14a	2
12a	2	020	0	048	0	14b	2
12b	1	021	0	049	419	14c	2
13F	000000	022	0	050	0	14d	2
13T	000000	023	0	051	121	015	0
GEF	0	024	0	052	0	16a	0
DNM	0	025	0	053	0	16b	0
22C	0	026	24550	054	0	017	5280
22T	0	028	0	055	0	18a	0
PA	0	30c	3500	056	0	18b	0
		031	0	057	0	EI1	0
		032	0	058	0	EI2	0
		033	0	58C	0	EI3	0
		036	0	059	0	EI4	0
		037	21050	060	121		

Under the penalties of perjury, I declare that I have examined this income tax return and Homestead Rebate Application, including accompanying schedules and statements; and to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Pay amount on line 50 in full. Write social security number on check or money order and make payable to:

State of New Jersey — TGI

Your Signature

Date

Spouse's Signature (If filing jointly, both must sign)

Paid Preparer's Signature

Federal Identification Number

03/17/01

157-76-9203

Firm's Name

Federal Employer Identification Number

ROSEMARIE G. BREAULT

If you have an amount due, enclose your check and NJ-1040-V payment voucher and your return to:
NJ Division of Taxation Revenue
Processing Center, P.O. Box 111,
Trenton, NJ 08647-0111**If Refund:**NJ Division of Taxation Revenue
Processing Center, P.O. Box 555,
Trenton, NJ 08647-0555

NJIA5101 12/13/00

Form NJ-1040/HR-1040 (2000)

Page 2

Name HIETALA, LUZ S & THOMAS A	Social Security Number 155-96-9096
--	--

Filing Status 1 ☐ Single 2 ☒ Married, filing joint return 3 ☐ Married, filing separate return 4 ☐ Head of Household 5 ☐ Qualifying widow(er)

Exemptions 6 Regular 2 10 Number of other dependents 2
 7 Age 65 or over 0 11 Dependents attending colleges 0
 8 Blind or disabled 0 12 Totals (line 12a - add lines 6, 7, 8 and 11) 2
 9 Number of qualified dependent children 1 (line 12b - add lines 9 and 10) 1

Residency Status 13 If you were a New Jersey resident for **only** part of the taxable year, give the period of New Jersey residency: From Month Day Year To Month Day Year

Gubernatorial Elections Fund Do you wish to designate \$1 of your taxes for this fund? ☒ Yes ☒ No
 If joint return, does your spouse wish to designate \$1? ☐ Yes ☒ No NJIA0123 12/13/00

14 Wages, salaries, tips, and other employee compensation (enclose W-2)	14	24,550.
15a Taxable interest income	15a	
15b Tax exempt interest income. Do not include on line 15a	15b	
16 Dividends	16	
17 Net profits from business (enclose copy of federal Schedule C, Form 1040)	17	
18 Net gains or income from disposition of property (Schedule B, line 4)	18	
19 Pensions, annuities and IRA withdrawals		
a Taxable amount received	19a	
b Less New Jersey pension exclusion	19b	
c Subtract line 19b from line 19a	19c	
20 Distributive share of partnership income (see instructions)	20	
21 Net pro rata share of S corporation income (see instructions)	21	
22 Net gain or income from rents, royalties, patents and copyrights (Schedule C, line 3)	22	
23 Net gambling winnings	23	
24 Alimony and separate maintenance payments received	24	
25 Other (see instructions)	25	
26 Total income (add lines 14, 15a, 16, 17, 18, 19c, 20, 21, 22, 23, 24 and 25)	26	24,550.
27 This line is not used on computer generated returns	27	
28 Other retirement income exclusion (see worksheet and instructions)	28	
29 New Jersey gross income (subtract line 28 from line 26). See instructions	29	24,550.
30a Exemptions: From line 12a <u>2</u> x \$1,000 = <u>2,000.</u>		
30b From line 12b <u>1</u> x \$1,500 = <u>1,500.</u>		
30c Total exemption amount (add line 30a and line 30b). Part-year residents see instructions	30c	3,500.
31 Medical expenses/medical savings account contributions (see worksheet and instructions)	31	
32 Alimony and separate maintenance payments	32	
33 Qualified conservation contribution	33	
34 Total exemptions and deductions (add lines 30c, 31, 32 and 33)	34	3,500.
35 Taxable income (subtract line 34 from line 29). If zero or less, make no entry	35	21,050.
36 Property tax deduction (see instructions)	36	
37 New Jersey Taxable Income (subtract line 36 from line 35). If zero or less, Make No Entry	37	21,050.
38 Tax (from tax tables in the instructions)	38	298.
39 Credit for income taxes paid to other jurisdictions (see instructions)	39	0.
40 Balance of tax (subtract line 39 from line 38)	40	298.
41 Use tax due on out-of-state purchases (see instructions). If no use tax, enter zero	41	0.
42 Total tax (add line 40 and line 41)	42	298.
43 Total New Jersey income tax withheld (enclose Forms W 2 and 1099 R)	43	369.
44 Property tax credit (see instructions)	44	50.
45 New Jersey estimated tax payments/credit from 1999 tax return	45	
Check <input type="checkbox"/> if Form NJ-2210 is enclosed.		
46 New Jersey Earned Income Tax Credit	46	
47 Excess New Jersey UI/HC/WD withheld (see instructions) (enclose Form NJ-2450)	47	
48 Excess New Jersey disability insurance withheld (see instructions) (enclose Form NJ-2450)	48	
49 Total payments/credits (add lines 43 through 48)	49	419.

Form NJ-1040/HR-1040 (2000)

Page 3

Name Hietala, Luz S & Thomas A	Social Security Number 155-96-9096
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50 If payments (line 49) are less than tax (line 42) enter amount of tax you owe If you owe tax, you may make a donation by entering an amount on lines 53, 54, 55, 56, 57 and/or 58 and adding line 58 to your check amount	50	
51 If payments (line 49) are more than tax (line 42) enter overpayment	51	121

Note: An Entry on Lines 52, 53, 54, 55, 56, 57 and/or 58 Will Reduce Your Tax Refund.

Deductions from overpayment on line 51 which you elect to credit to:

52 Your 2001 tax	52	
53 The NJ Endangered Wildlife Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	53	
54 NJ Children's Trust Fund to Prevent Child Abuse <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	54	
55 The NJ Vietnam Veterans' Memorial Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	55	
56 NJ Breast Cancer Research Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	56	
57 U.S.S. New Jersey Educational Museum Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	57	
58 Other designated contribution <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other <input type="checkbox"/>	58	
59 Total deductions from overpayment (add lines 52 through 58)	59	
60 Refund (amount to be sent to you, line 51 less line 59)	60	121

Earned Income Tax Credit Schedule

You may be eligible for the New Jersey Earned Income Tax Credit if you claimed the federal Earned Income Credit for 2000, your gross income on line 29, Form NJ-1040 is \$20,000 or less and your filing status for New Jersey is the same as your filing status on your federal income tax return. Complete this schedule to see if you are eligible. You are not eligible for the New Jersey Earned Income Tax Credit if your filing status is single or married, filing separate return or if you answer 'No' to question 1 below. See instructions.

1 Did you file a 2000 federal Schedule EIC, on which you listed at least one 'qualifying child'?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2 Fill in the box if you had the IRS figure your federal Earned Income Credit	<input type="checkbox"/>
3 Enter the amount of federal Earned Income Credit from your 2000 federal Form 1040 or 1040A	3
4 Enter 10% of amount on line 3 here and on page 2, line 46	4

2000 HR-1040 Homestead Rebate Application

7 On December 31, 2000 I (and/or my spouse) was:	<input type="checkbox"/> Age 65 or older <input type="checkbox"/> Blind or disabled <input checked="" type="checkbox"/> Not 65 or blind or disabled
8 Enter the gross income you reported on line 29, Form NJ-1040 or see instructions	8 24,550
9 If your filing status is married, filing separate return and you and your spouse maintain the same principal residence enter the gross income reported on your spouse's return (line 29, Form NJ-1040) and check this box <input type="checkbox"/>	9
10 Total gross income (add line 8 and line 9)	10 24,550

Stop - If Line 10 is More Than \$100,000, You are not Eligible for a Rebate.

11 Enter your New Jersey residence on Dec 31, 2000 if different than above. If you were not a resident on Dec 31, 2000 enter your last New Jersey residence. Street Address _____ Municipality _____	
12 Check your residency status during 2000: a <input type="checkbox"/> Homeowner b <input checked="" type="checkbox"/> Tenant c <input type="checkbox"/> Both	
13 If you checked 'Homeowners' or 'Both' on line 12, enter the block and lot number of the residence for which the rebate is claimed. Block _____ Lot _____ Qualifier _____	
14a Did you live at more than one New Jersey residence during the year?	Yes <input checked="" type="checkbox"/> No
b Did you share ownership of a principal residence during the year with anyone, other than your spouse?	Yes <input checked="" type="checkbox"/> No
c Did any principal residence you owned during the year consist of multiple dwelling units?	Yes <input checked="" type="checkbox"/> No
d Did anyone, other than your spouse, occupy and share rent with you for an apartment or other rental dwelling during the year?	Yes <input checked="" type="checkbox"/> No
Home Owner 15 Total 2000 property taxes you (and your spouse) paid on your principal residence in New Jersey during 2000	15
16a Total property taxes paid (Schedule HR-A, Part I, line 5)	16a
b Number of days as an owner (Schedule HR-A, Part I, line 4)	16b
17 Enter total rent you (and your spouse) paid on your principal residence in New Jersey during 2000	17 5,280
Tenant 18a Total rent paid (Schedule HR-A, Part II, line 11)	18a
b Number of days as a tenant (Schedule HR-A, Part II, line 10)	18b

I authorize the Division of Taxation to discuss my return and enclosures with my preparer ☐



In re: _____ Debtor(s) _____ Case No. _____ (If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets, and that they are true and correct to the best of my knowledge, information, and belief. (Total shown on summary page plus 1.)

Date _____

Signature: X Luz Stille Kintala
 Debtor

Date _____

Signature: _____
 (Joint Debtor, if any)
 (If joint case, both spouses must sign.)

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the _____ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the _____ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets, and that they are true and correct to the best of my knowledge, information, and belief. (Total shown on summary page plus 1.)

Date _____

Signature: _____

(Print or type name of individual signing on behalf of debtor.)

(An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.)

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

UNITED STATES BANKRUPTCY COURT

DISTRICT OF New Jersey

In re: LUZ HIETALA

Debtor(s)

Case No.

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs.

Questions 1-15 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 16-21. If the answer to any question is "None," or the question is not applicable, mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within the two years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or person in control of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any person in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. §101(30).

☒ None **1. Income from Employment or Operation of Business**

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal year rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

2001

Give AMOUNT and SOURCE (If more than one).

☒ None **2. Income Other than from Employment or Operation of Business**

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.) Give AMOUNT and SOURCE.

3. Payments to Creditors

☒ None a. List all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$500 to any creditor, made within 90 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF CREDITOR, DATES OF PAYMENTS, AMOUNT PAID AND AMOUNT STILL OWING.

☒ None b. List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR, DATE OF PAYMENT, AMOUNT PAID AND AMOUNT STILL OWING.

4. Suits and Administrative Proceedings, Executions, Garnishments and Attachments

☒ None a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give CAPTION OF SUIT AND CASE NUMBER, NATURE OF PROCEEDING, COURT OR AGENCY AND LOCATION AND STATUS OR DISPOSITION.

☒ None b. Describe all property that has been attached, garnished, or seized under any legal or equitable process within one year

immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

GIVE NAME AND ADDRESS OF PERSON FOR WHOM BENEFIT PROPERTY WAS SEIZED, DATE OF SEIZURE and DESCRIPTION AND VALUE OF PROPERTY

☒ None 5. Repossessions, Foreclosures, and Returns

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

GIVE NAME AND ADDRESS OF CREDITOR OR SELLER, DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN and DESCRIPTION AND VALUE OF PROPERTY.

6. Assignments and Receivables

☒ None a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

GIVE NAME AND ADDRESS OF ASSIGNEE, DATE OF ASSIGNMENT and TERMS OF ASSIGNMENT OR SETTLEMENT.

☒ None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

GIVE NAME AND ADDRESS OF CUSTODIAN, NAME AND LOCATION OF COURT, CASE TITLE & NUMBER, DATE OF ORDER and DESCRIPTION AND VALUE OF PROPERTY.

☒ None 7. Gifts

List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

GIVE NAME AND ADDRESS OF PERSON OR ORGANIZATION, RELATIONSHIP TO DEBTOR, IF ANY, DATE OF GIFT, and DESCRIPTION AND VALUE OF GIFT.

☒ None 8. Losses

List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

GIVE DESCRIPTION AND VALUE OF PROPERTY, DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS and DATE OF LOSS.

☐ None 9. Payments Related to Debt Counseling or Bankruptcy

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

GIVE NAME AND ADDRESS OF PAYEE, DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR and AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY.

☒ None 10. Other Transfers

List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

GIVE NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR, DATE, and DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

\$750.00 to Anna C. Little

☐ None 11. Closed Financial Accounts

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)
Give NAME AND ADDRESS OF INSTITUTION, TYPE AND NUMBER OF ACCOUNT AND AMOUNT OF FINAL BALANCE and AMOUNT AND DATE OF SALE OR CLOSING.

☐ None 12. Safe Deposit Boxes

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY, NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY, DESCRIPTION OF CONTENTS and DATE OF TRANSFER OR SURRENDER, IF ANY.

☒ None 13. Setoffs

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF CREDITOR, DATE OF SETOFF and AMOUNT OF SETOFF.

☒ None 14. Property Held for Another Person

List all property owned by another person that the debtor holds or controls.

Give NAME AND ADDRESS OF OWNER, DESCRIPTION AND VALUE OF PROPERTY and LOCATION OF PROPERTY.

☐ None 15. Prior Address of Debtor

If the debtor has moved within the two years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

Give ADDRESS, NAME USED and DATES OF OCCUPANCY.

Unsworn Declaration under Penalty of Perjury.

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date _____ Signature of Debtor X Luz Stille Ristola

Date _____ Signature of Joint Debtor (if any) _____

_____ continuation sheets attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§352 and 3571.

3076 3A K11991 Julius B. Lymburg, Inc.

UNITED STATES BANKRUPTCY COURT

DISTRICT OF

In re:

Debtor(s)

Case No.
Chapter

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

1. I, the debtor, have filed a schedule of assets and liabilities which includes consumer debts secured by property of the estate.
2. My intention with respect to the property of the estate which secures those consumer debts is as follows:
- a. *Property to Be Surrendered.*

Description of property	Creditor's name	H, U or J
-------------------------	-----------------	-----------

- b. *Property to Be Retained (Specify Reaff'd, Red'd or Exempt to state debtor's intention concerning reaffirmation, redemption, or lien avoidance*.)*

Description of property	Creditor's name	Reaff'd Red'd Exempt
-------------------------	-----------------	----------------------------

3. I understand that § 521(2)(B) of the Bankruptcy Code requires that I perform the above stated intention within 45 days of the filing of this statement with the court, or within such additional time as the court, for cause, within such 45-day period fixes.

Date:

X *Luz Stella Nistole*
Signature of Debtor

* Reaff'd - Debt will be reaffirmed pursuant to § 524(c)

Red'd - Property is claimed as exempt and will be redeemed pursuant to § 722

Exempt - Lien will be avoided pursuant to § 522(f) and property will be claimed as exempt

Signature of Debtor

UNITED STATES BANKRUPTCY COURT

DISTRICT OF

In re Debtor(s) Case No. (If Known)

CHAPTER 13 PLAN

(If this form is used by joint debtors wherever the word "debtor" or words referring to debtor are used they shall be read as if in the plural.)

1. The future earnings of the debtor are submitted to the supervision and control of the trustee and the debtor — debtor's employer shall pay to the trustee the sum of \$ weekly — bi-weekly — semi-monthly — monthly for a period of

2. From the payments so received, the trustee shall make disbursements as follows:

(a) Full payment in deferred cash payments of all claims entitled to priority under 11 U.S.C. §507.

(b) Holders of allowed secured claims shall retain the liens securing such claims and shall be paid as follows:

(c) Subsequent to — pro rata with dividends to secured creditors, dividends to unsecured creditors whose claims are duly allowed as follows:

3. The following executory contracts of the debtor are rejected:

Title to the debtor's property shall revert in the debtor on confirmation of a plan — upon dismissal of the case after confirmation pursuant to 11 U.S.C. §350.

Dated: Debtor Debtor


Acceptances may be mailed to: Post Office Address

In re Debtor(s) Case No. (If Known)

STATEMENT
Pursuant to Rule 2016(b)

The undersigned, pursuant to Rule 2016(b) Bankruptcy Rules, states that:

- (1) The undersigned is the attorney for the debtor(s) in this case.
- (2) The compensation paid or agreed to be paid by the debtor(s) to the undersigned is:
 - (a) for legal services rendered or to be rendered in contemplation of and in connection with this case \$ 750.00
 - (b) prior to filing this statement, debtor(s) have paid \$ 250.00
 - (c) the unpaid balance due and payable is \$ 500.00
- (3) \$ of the filing fee in this case has been paid.
- (4) The services rendered or to be rendered include the following:
 - (a) analysis of the financial situation, and rendering advice and assistance to the debtor(s) in determining whether to file a petition under title 11 of the United States Code.
 - (b) preparation and filing of the petition, schedules, statement of affairs and other documents required by the court.
 - (c) representation of the debtor(s) at the meeting of creditors.
- (5) The source of payments made by the debtor(s) to the undersigned was from earnings, wages and compensation for services performed, and
none other
- (6) The source of payments to be made by the debtor(s) to the undersigned for the unpaid balance remaining, if any, will be from earnings, wages and compensation for services performed, and
none other
- (7) The undersigned has received no transfer, assignment or pledge of property except the following for the value stated:
none
- (8) The undersigned has not shared or agreed to share with any other entity, other than with members of undersigned's law firm, any compensation paid or to be paid except as follows:
none

Dated: Respectfully submitted,  Attorney for Petitioner
Attorney's name and address:

UNITED STATES BANKRUPTCY COURT

DISTRICT OF

In re Debtor(s) Case No. (If Known)

CHAPTER 13 PLAN

(If this form is used by joint debtors wherever the word "debtor" or words referring to debtor are used they shall be read as if in the plural.)

1. The future earnings of the debtor are submitted to the supervision and control of the trustee and the debtor — debtor's employer shall pay to the trustee the sum of \$ weekly — bi-weekly — semi-monthly — monthly for a period of

2. From the payments so received, the trustee shall make disbursements as follows:

(a) Full payment in deferred cash payments of all claims entitled to priority under 11 U.S.C. §507.

(b) Holders of allowed secured claims shall retain the liens securing such claims and shall be paid as follows:

(c) Subsequent to — pro rata with dividends to secured creditors, dividends to unsecured creditors whose claims are duly allowed as follows:

3. The following executory contracts of the debtor are rejected:

Title to the debtor's property shall revert in the debtor on confirmation of a plan — upon dismissal of the case after confirmation pursuant to 11 U.S.C. §350.

Dated: Debtor Debtor

Acceptances may be mailed to Post Office Address

BK 122
(8/84)

United States Bankruptcy Court

NOTICE TO INDIVIDUAL CONSUMER DEBTOR(S)

If you intend to file a petition for relief under the bankruptcy laws of the United States, and your debts are primarily consumer debts, the Clerk of Court is required to notify you of each chapter of the Bankruptcy Code under which you may seek relief. You may proceed under:

Chapter 7—Liquidation, or
Chapter 11—Reorganization, or
Chapter 13—Adjustment of Debts of an Individual
with Regular Income

If you have any questions regarding the information contained in this notice, you should consult with your attorney.

Clerk of Court

ACKNOWLEDGMENT

I hereby certify that I have read this notice.

DATED: _____

Luz Stella Niteke
Debtor

Joint Debtor, if any

INSTRUCTIONS: If the debtor is an individual, a copy of this notice personally signed by the debtor must accompany any bankruptcy petition filed with the Clerk. If filed by joint debtors, the notice must be personally signed by each. Failure to comply may result in the petition not being accepted for filing.

Macy's
9111 Duke Blvd.
Mason, OH 45040

Merrik Bank
P.O.Box 5000
Draper, UT 84020-5000

Action Card
P.O.Box 5052
Sioux Falls, SD 57007-5052

Sears, c/o Van R Credit Corp.
4115 South Wendler Dr. Bldg suite 200
Tempe, AZ 85282-6410

Direct merchant Bank
P.O.Box 21550
Tulsa, OK 741211550

First Premier Bank
P.O.Box 5519
Sioux Falls, SD 57007-5519

Discover
P.O.Box 15251
Wilmington DE 19886-5251

Capitol One
P.O.Box 85015
Richmond VA 23285-5015

JCPenny
P.O.Box 32000
Orlando FL 32890-0004

Cross Country Bank
P.O.Box 310711
Boca Raton, FL 33431-0711

Stern's
9111 Duke Blvd.
Mason, OH 45040

Amoco Multicard
P.O.Box 142289
Irving TX 75014-2289

Allied Interstate
3111 S. Dixie Highway st. 101
West Palm Beach, FL 33405